

# Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

## 1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Street Address

1000 G Street, Suite 450 ; Sacramento, CA 95814

Area Code/Phone Number

(916) 324-4695

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

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PRACTICES COMMISSION

10 JAN 26 PM 1:50

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

## 2. Donor Name and Address

☒ Individual

Papikyan

Karen

☐ Other

Last Name

First Name

Name

6466 Gilson Ave

Valley Glen

CA

91606

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

## 3. Payment Information

Date and Amount of Payment (other than travel)

04/30/2009

\$

\$5,000.00

(month, day, year)

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

One-time donation to MRMIB's California's Healthy Families Program (CHFP).

Identify the officials for whom the payment was used:

_____	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.



Lesley Cummings

Print Name

Executive Director

Title

1/25/10  
(month, day, year)

Comment: (Use this space or an attachment for any additional information.)